

This Endorsement form is required in addition to the Certificate of Insurance. These are two separate documents.

Policy Number: _____

Effective Date: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

The County of Los Angeles and any public entity or special district for which the Los Angeles County Board of Supervisors is the Governing Body, and their agents, officers and employees, shall be additional Insured(s) while acting within the scope of their duties against all claims arising out of or in connection with the work to be performed.

Project Description:

This endorsement shall be effective until the completion of the work and the County's acceptance of the work.

In the event of expiration or proposed cancellation of this policy for any reason whatsoever, the insurer shall notify the County of Los Angeles by registered mail, return receipt requested, sent to the County of Los Angeles, Department of Public Works, Construction Division, Permits Section, 8th Floor, 900 South Fremont Avenue, Alhambra, CA 91803, giving a sufficient time before the date thereof to comply with any applicable law or statute, but in no event less than 30 days before expiration or cancellation is effective except 10 days for non-payment of premium.